

Exhibit 23

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/3/2024

Date IAC Received 1824: 12/29/2023

1824 Log Number: 498625

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D5-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugweze, Chief Psychologist Dr. J. Howard, Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Health Program Manager III [REDACTED], Registered Nurse [REDACTED], Field Training Lieutenant [REDACTED], Vice Principal [REDACTED]

Summary of Inmate's 1824 Request: Inmate alleges they were advised they are eligible for new iPhone and watch technology due to their hearing impairment; Inmate requests speech to text technology and a new watch.

Interim Accommodation:

☒ No interim accommodation required: You are currently accommodated with hearing aids and a Personal Sound Amplification Device (PSAD).

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate alleges they were advised they are eligible for new iPhone and watch technology due to their hearing impairment; Inmate requests speech to text technology and a new watch.

Response: On 1/3/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

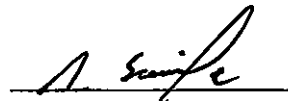
You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, and access to the caption phone. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad/ iPhone with live captioning or a vibrating watch to access Programs, Services, or Activities (PSA)s.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee



Signature

Date sent to Inmate:

JAN 25 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <div style="font-size: 2em; font-family: cursive;">Saf</div>	LOG NUMBER (Staff Use Only) <div style="font-size: 2em; font-family: cursive;">498625</div>	DATE RECEIVED BY STAFF: <div style="font-size: 1.5em; font-family: cursive;">(CSATE OFFICE)</div> <div style="font-size: 1.5em; font-family: cursive;">DEC 29 2023</div> OF GPR
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7382 or a CDCR 802-HC		
INMATE'S NAME (P. [REDACTED])	CDCR NUMBER [REDACTED]	ASSIGNMENT <div style="font-family: cursive;">Rec-Aid</div>
HOUSING <div style="font-family: cursive;">D-5-</div>		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 802, or CDCR 802-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? <div style="font-family: cursive; font-size: 1.2em;"> I WAS informed of the fact I am Eligible for the "iphone" for Deaf people who do not use Sign language with speech to Technology; AND I NOT getting that Accommodation of The "iphone" or the "i Tablet" pursuant to November 2023. As well approve the watch. </div>		
WHY CAN'T YOU DO IT? <div style="font-family: cursive; font-size: 1.2em;"> The personnel Hasn't Issued the "iphone; or i Tablet" </div>		
WHAT DO YOU NEED? <div style="font-family: cursive; font-size: 1.2em;"> 1. Please Accommodate this Deaf person with such speech-to-text Technology within a Reasonable Time frame; 2. Please accommodate the vibrating Alarm watch Respectfully Request </div>		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available:		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
INMATE'S SIGNATURE _____		DATE SIGNED _____
Assistance in completing this form was provided by:		
Last Name _____	First Name _____	Signature _____

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 498625

Date CDCR 1824 received by IAC: 12 / 29 / 23

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

Person Completing Step 1

AGPA

Title

Signature _____

12 / 29 / 23

Date Completed

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ **Location:** _____

Interviewer notes:

Staff Interviewed: _____ **Title:** _____ **Interview date:** ____/____/____

Interviewer Notes: _____

Staff Interviewed: _____ **Title:** _____ **Interview date:** / /

Interviewer Notes: .

Notes: ~~ISSUANCE OF THE IPHONE TECHNOLOGY IS INTENDED FOR INDIVIDUALS WITH PROFOUND HEARING LOSS. I/M IS CURRENTLY DESIGNATED DNH AND IS BEING ACCOMMODATED WITH HEARING AIDS AND A POCKET TALKER. I/M'S CURRENT METHODS OF EC ARE HEARINGS AND STAFF SPEAK LOUDLY AND CLEARLY~~

Interviewer (Print Name)

Title

Signature

Date Completed

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 498625

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

☐ An Interim Accommodation **IS NOT required.**

Reason: _____

☐ An Interim Accommodation **IS required.**

Reason: _____

Accommodation(s) provided:

Date provided:

Comments: _____

[REDACTED] AGPA 01 / 02 / 24
Person Completing Step 3 Title Signature Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C DPP Disability/Accommodation Summary Friday December 29, 2023 12:35:52 PM

As of: 12/29/2023 ➡

OFFENDER/PLACEMENT

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SAIF-Facility D

Housing Area/Bed: D 005 [REDACTED]

Placement Score: 841

Custody Medium (A)

Designation:

Housing Program: Sensitive Needs Yard

Housing Restrictions: Lower/Bottom Bunk Only

Physical Limitations No Rooftop Work

to Job/Other: Permanent - 12/31/9999

DISABILITY ASSISTANCE

Current DDP Status: NDD

DDP Adaptive None

Support Needs:

Current DDP Status Date: 10/21/2005

DPP Codes: DNH

DPP Determination Date: 11/18/2021

Current MH LOC: CCCMS

Current MH LOC Date: 06/06/2019

SLI Required: No

Interview Date: 04/30/2016

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly

Non-Formulary Already possesses a Dual Accommodations/Comments: Vision/Hearing Vest.

Learning Disability:

Initial Reading Level: 03.0

Initial Reading Level Date: 02/25/2020

Durable Medical Equipment: Hearing Aid

Ankle Foot Orthoses/Knee Ankle

Foot Orthoses (AFO/KAFO)

Eyeglass Frames

Incontinence Supplies

Partial Upper Denture - Acrylic

Languages Spoken:

IMPORTANT DATES

Date Received: 10/12/2000

Last Returned

Date:

Release Date: 10/21/2034

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start 12/30/2022

Date:

Status: Full Time

Position #: REC.002.005

Position Title: D-5 3/W REC WRKR

Regular Days On: Tue,Wed,Thu,Fri,Sat (14:30:00 - 17:00:00)

Tue,Wed,Thu,Fri,Sat (18:00:00 - 22:00:00)

Exhibit 24

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 7/24/2024

Date IAC Received 1824: 7/11/2024

1824 Log Number: 590923

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: D5-[REDACTED]

RAP Staff Present: Associate Warden (A) A. Iversen, Associate Warden J. Ourique, Associate Governmental Program Analyst [REDACTED], Chief Medical Executive Dr. G. Ugwueze, Psychologist Dr. [REDACTED], Healthcare Compliance Analyst [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Office of Grievance Representative [REDACTED], Compliance Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports being hearing impaired and having trouble understanding staff both over the PA and in person resulting in him missing announcements for Programs, Services, and Activities (PSA)s; Inmate requests a vibrating watch, text-to-speech iPad, and personal notifications.

Interim Accommodation:

☒ No interim accommodation required: You are safely accessing PSA's.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports being hearing impaired and having trouble understanding staff both over the PA and in person resulting in him missing announcements for Programs, Services, and Activities (PSA)s; Inmate requests a vibrating watch, text-to-speech iPad, and personal notifications.

Response: On 7/17/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. It was determined more time was required to review your request and gather information. Your request was scheduled to be seen again in RAP on 7/24/2024.

On 7/24/2024, the RAP reconvened to discuss your request.

A review of Strategic Offender Management System (SOMS) Effective Communication (EC) history page shows that you had four documented EC interactions with staff in the month of June a review of documentation from those EC interactions shows that staff were able to effectively communicate with you through a combination of your primary method of EC: hearing aids and your secondary method of EC: needing staff to speak loudly and clearly.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 7/18/2024, you were observed accessing PSA's and being notified of every announcement that pertains to the facility or personal notifications.

You will not receive a text to speech iPad as you are not designated DPH, and you currently achieve effective communication through existing accommodations.

Per memo titled "Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement Incarcerated Persons," your request for a vibrating watch will be reviewed by the RAP. If request is disapproved, vibrating watches were made available for the incarcerated population to purchase via the quarterly package process at the beginning of the month.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate: AUG 09 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff Use Only) SATE	LOG NUMBER (Staff Use Only) 590923	DATE RECEIVED BY STAFF: JUL 11 2024 OF GRIEVANCES
TALK TO STAFF IF YOU HAVE AN EMERGENCY DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC.		
INMATE'S NAME (Print) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	CDCR NUMBER <div style="background-color: black; width: 100%; height: 1.2em;"></div>	ASSIGNMENT <div style="background-color: black; width: 100%; height: 1.2em;"></div>
HOUSING <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? <u>I am DHH and I have problems communicating with staff and understanding the instructions that they are giving me over the P.A. system or directly. I also regularly miss announcements for yard/exercise, medical appointments/dental, religious services, etc.</u>		
WHY CAN'T YOU DO IT? <u>There is a communication barrier - I cannot hear the P.A. system clearly translate the message, I cannot read officers' lips clearly, and sometimes I miss the translation of a word in conversation.</u>		
WHAT DO YOU NEED? <u>I need to be considered for the "Multifunction Pedometer Bracelet" vibrating watch so I can notify myself of appointments and start/end times for yard. I need a speech-to-text iPhone/iPad so I can have transcriptions of conversations to make sure I see and understand every word. I also need an officer to come to my door to make individual announcements for medical appointments, yard, etc.</u> (Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> <div style="background-color: black; width: 100%; height: 1.2em;"></div> </div> <div style="width: 35%; text-align: center;"> 7/10/24 DATE SIGNED </div> </div> <div style="margin-top: 10px;"> Assistance in completing this form was provided by: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 40%;"> <u>PRISON Law Office</u> Last Name </div> <div style="width: 20%; text-align: center;"> <div style="background-color: black; width: 100%; height: 1.2em;"></div> First Name </div> <div style="width: 40%; text-align: center;"> <div style="background-color: black; width: 100%; height: 1.2em;"></div> Signature </div> </div> </div>		

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 590923

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 7 / 11 / 2024

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

☐ Yes / Unsure (Complete Steps 2 &/or 3)☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED]

SSA

[REDACTED]

7 / 11 / 2024

Person Completing Step 1

Title

Signature

Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: ___ / ___ / ___

Due back to IAC: ___ / ___ / ___

Returned to IAC: ___ / ___ / ___

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: [REDACTED] Title: Comp Sgt. Interview date: 07 / 18 / 24

Interviewer Notes: the staff reported [REDACTED] is always accessing PBA's and is notified of every announcement that pertains to the facility or personal notification

Staff Interviewed: Notes _____ Title: Notes _____ Interview date: ___ / ___ / ___

Interviewer Notes: A review of the SOMS effective communication history page indicates that you had four documented EC interactions with staff in the month of June. A review of the documentation from those EC interactions shows that staff were able to effectively communicate with you through a combination of your primary method of EC: hearing aids and your secondary method of EC: need staff to speak loudly and clearly.

Notes: Per memo titled, "issuance of vibrating watches as a reasonable accommodation for permanent hearing-impaired, impacting placement incarcerated persons," the inmate's request for a vibrating watch will be reviewed by the RAP. If request is disapproved, vibrating watches were made available for the incarcerated population to purchase via the quarterly package process on 7/1/2024.

[REDACTED]

Tison

[REDACTED]

07 / 18 / 24

Interviewer (Print Name)

Title

Signature

Date Completed

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

DPP Disability/Accommodation Summary

Thursday July 11, 2024 11:00:35 AM

As of: 07/11/2024

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility D
 Housing Area/Bed: D 005 [REDACTED]
 Placement Score: 841
 Custody Designation: Medium (A)
 Housing Program: Sensitive Needs Yard
 Housing Restrictions: Lower/Bottom Bunk Only
 Physical Limitations to No Rooftop Work
 Job/Other: Permanent - 12/31/9999
 EOP Accommodation
 Recommendations:

DISABILITY ASSISTANCE

Current DDP Status: NDD
 DDP Adaptive: None
 Support Needs:
 Current DDP Status Date: 10/21/2005
 DPP Codes: DNH
 DPP Determination Date: 11/18/2021
 Current MH LOC: CCCMS
 Current MH LOC Date: 06/06/2019
 SLI Required: No
 Interview Date: 04/30/2016
 Primary Method(s) - Hearing Aids
 Hearing:
 Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
 Non-Formulary Already possesses a Dual Vision/Hearing Vest.
 Accommodations/Comments:
 Learning Disability:
 Initial Reading Level: 03.0
 Initial Reading Level Date: 02/25/2020
 Durable Medical Equipment: Hearing Aid
 Ankle Foot Orthoses/Knee Ankle Foot Orthoses (AFO/KAFO)
 Eyeglass Frames
 Hearing Impaired Disability Vest
 Incontinence Supplies
 Partial Upper Denture - Acrylic
 Therapeutic Shoes/Orthotics
 Languages Spoken:

IMPORTANT DATES

Date Received: 10/12/2000
 Last Returned Date:
 Release Date: 10/21/2029
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: A
 Work Group: A1
 AM Job Start Date: 05/11/2024
 Status: Half-Time
 Position #: REC.002.006
 Position Title: D-5 3W REC WORKER
 Regular Days On: Tue,Wed,Thu,Fri,Sat (13:00:00 - 17:00:00)

Name: [REDACTED]
CHSS033C

CDC #: [REDACTED] PID #: [REDACTED]
Tuesday August 13, 2024 02:15:11 PM

Effective Communication

Interaction Date: 08/10/2024
Interaction Type: Delivered RAP Response

Interaction Time: 11:55:00
Related Key: None

Communication Barriers

Documented Communication Barriers

Offender requires EC on this Interaction Date: 08/10/2024

Disability Placement Program - Hearing:
DPP Code: Hearing Impairment NOT Impacting Placement
DPP Determination Date: 11/18/2021

Reading Level:
Reading Level: 03.0
Reading Level Date: 02/25/2020

Sign Language Interpreter Needed: No
Primary Method(s) - Hearing: Hearing Aids
Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
Non-Formulary Accommodations/Comments: Already possesses a Dual Vision/Hearing Vest.

Other Communication Barriers not listed (mandatory if none are documented above)

#590923

Accommodations and Assistance Provided

(1 - 1 of 1)

Accommodation/Assistance Type

Spoke loudly & clearly

Primary Method(s) of EC used?: No Reason Primary EC Not Used: Hearing Aids not present or not functioning

Additional Information for Accommodations and Assistance Provided

Spoke loud and clear inmate was able hear and understand

Other Persons

Name

Role

No Rows Found

Staff Assistant Participation

Staff Assistant Assigned?: No
Institution/Parole Region: UNKNOWN
Name of Staff Assistant: Unknown
or
Name of Person:
Interaction of the Staff Assistant was: N/A

Method Used to Determine if Communication was Effective

(1 - 1 of 1)

Method

Offender provided appropriate, substantive responses...

Method Used Notes

None

Related Electronic Documents

Type

Date

Title

Source

Nbr of Pages

Type	Date	Title	Source	Nbr of Pages
No Rows Found				

Effective Communication Recorded By

Name: [REDACTED] [PEBL001]

Title: Sergeant

Exhibit 25

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATE	LOG NUMBER (Staff Use Only) 590237	DATE RECEIVED BY STAFF: JUL 10 2024 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		
INMATE'S NAME (Print) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	CDCR NUMBER <div style="background-color: black; width: 100%; height: 1.2em;"></div>	ASSIGNMENT <div style="background-color: black; width: 100%; height: 1.2em;"></div>
HOUSING <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? <u>I am missing announcements for med pass and meals, due to the inability to hear them.</u>		
WHY CAN'T YOU DO IT? <u>I am DNH. I have asked staff to flash my lights but that is not happening due to me not being DPH.</u>		
WHAT DO YOU NEED? <u>I need to be considered for the new vibrating watch - Multifunction pedometer Bracelet. I am missing announcements and I am not using my audible alarm because I don't hear it initially, and by the time I do, I've aggravated my podometers.</u>		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
I understand the _____ to cooperate may cause this request to be disapproved. <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
INMATE'S SIGNATURE <u>Prison Law Office.</u>		DATE SIGNED <u>7-9-24</u>
Assistance in completing this form was provided by: <div style="background-color: black; width: 100%; height: 1.2em;"></div>		
Last Name	First Name	Signature

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 7/17/2024

Date IAC Received 1824: 7/10/2024

1824 Log Number: 590237

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A2- [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED] Psychologist Dr. [REDACTED] Healthcare Compliance Analyst [REDACTED] Registered Nurse [REDACTED] Health Care Grievance Representative [REDACTED] Office of Grievance Representative [REDACTED] Compliance Lieutenant [REDACTED] Chief Physician and Surgeon Dr. W. Kokor,

Summary of Inmate's 1824 Request: Inmate reports missing announcements for meals and Med Pass due to being hearing impaired; Inmate reports previously requesting flashing lights; Inmate requests a vibrating watch.

Interim Accommodation:

☒ No interim accommodation required: You are safely accessing Programs, Services, and Activities.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports missing announcements for meals and Med Pass due to being hearing impaired; Inmate reports previously requesting flashing lights; Inmate requests a vibrating watch.

Response: On 7/10/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Per the Interim Accommodation Procedure (IAP) worksheet, dated 7/15/2024, you were observed by a building officer and regularly attend meals, med pass, Division of Rehabilitative Programs (DRP) classes and respond immediately to announcements. Officers are not aware of any prior request for use of flashing lights.

Per CDCR memo, "Issuance of Vibrating Watches as a Reasonable Accommodation for Permanent Hearing-Impaired, Impacting Placement", Incarcerated Person, dated 6/3/2024, all persons not designated DPH may purchase a vibrating watch from any departmentally approved authorized personal property vendor as part of their quarterly package order in keeping with title 15 and the authorized personal property schedule.

A review of Strategic Offender Management System (SOMS) indicates you are designated DNH and are accommodated with hearing aids as well as a pocket talker. You do not meet criteria to be accommodated with a vibrating watch.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate: AUG 07 2024

Exhibit 26

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 3/13/2024

Date IAC Received 1824: 2/23/2024

1824 Log Number: 524844

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A2 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Psychologist [REDACTED] Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Registered Nurse [REDACTED] Staff Services Analyst [REDACTED] Staff Services Analyst [REDACTED] Field Training Lieutenant [REDACTED] Assistant Principle (A) [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports difficulty hearing the dayroom televisions because the volume is set to allow the population to hear announcements; Inmate requests the implementation of individual transmitters to allow the population to personally control the volume.

Interim Accommodation:

☒ No interim accommodation required: Closed captioning is activated on all dayroom televisions. Additionally, you may use your hearing aids and Personal Sound Amplification Device (PSAD) to listen to the television while awaiting a response.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty hearing the dayroom televisions because the volume is set to allow the population to hear announcements; Inmate requests the implementation of individual transmitters to allow the population to personally control the volume.

Response: On 2/28/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request. It was determined more time was required to review your request and gather information. Your request was scheduled to be seen again in RAP on 3/13/2024.

The RAP has determined that you are appropriately accommodated with the closed captioning that is available on all televisions at SATF and your Personal Sound Amplification Device (PSAD). However, SATF will review the feasibility of procuring radio transmitters for each television at the institution. This will involve procurement and as a result may take a substantial amount of time. You will receive an amended RAP response for this request once a determination has been made. There is no timeline for when this will be completed.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate:

MAR 20 2024
MAR 22 2024

STATE OF CALIFORNIA

REASONABLE ACCOMMODATION REQUEST
CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only) 524944	DATE RECEIVED BY STAFF: FEB 23 2024 OFFICE OF GRIEVANCES	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****			
DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC			
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT A-2 BAL / PUNEL	HOUSING A-2 [REDACTED]

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

I AM HAVING DIFFICULTY HEARING THE TELEVISIONS ON THE DAY ROOMS AS THEY ARE SET AT A VOLUME THAT THE POPULATION CAN HEAR THE OFFICERS ANNOUNCEMENTS, BETWEEN THE ANNOUNCEMENTS AND THE GENERAL DAY ROOM NOISE THIS MAKES THEM HARD TO HEAR EVEN WITH HEARING AIDS

WHY CAN'T YOU DO IT?

TELEVISION VOLUME SET LOW FOR ANNOUNCEMENTS AND ALSO THE EXCESSIVE NOISE FROM THE DAY ROOMS

WHAT DO YOU NEED?

FIND TRANSMITTERS FOR EACH DAY ROOM TELEVISION. THEY HAVE THESE AT QUENTAL STATE PRISON AND OTHERS AS WELL. THIS WOULD ALLOW EVERY INMATE NON-ADA INCLUDED TO LISTEN TO THE TELEVISION WITH THEIR FM RADIO'S (EL PROVIDES A FREE FM RADIO APP) AND THIS WOULD ALLOW FOR EACH INMATE TO ADJUST THE VOLUME FOR THEIR OWN PERSONAL NEEDS. THIS WOULD ALSO HELP THE POPULATION HEAR ANNOUNCEMENTS AS THE GENERAL NOISE WOULD BE REDUCED (Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes ☒ No ☐ Not Sure ☐

List and attach documents, if available: IN MEDICAL FILE

I understand that [REDACTED] failure to cooperate may cause this request to be disapproved.

[REDACTED] INMATE'S SIGNATURE

2-23-24
DATE SIGNED

Assistance in completing this form was provided by:

Last Name First Name Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 524844

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 02 / 23 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED]
 Person Completing Step 1

AGPA

Title

02 / 23 / 24
 Date Completed

STEP 2 CDCR 1824 INTERVIEWS*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: ____ / ____ / ____

Due back to IAC: ____ / ____ / ____

Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: ADAC WILL REVIEW I/M'S REQUEST.

Interviewer (Print Name)

Title

Signature

____ / ____ / ____
Date Completed

IAP / Interview Worksheet

DRAFT

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 524844

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☐ An Interim Accommodation **IS NOT required**.Reason: _____
_____☐ An Interim Accommodation **IS required**.Reason: _____
_____Accommodation(s) provided: _____
_____Date provided: _____
_____Comments: _____
_____[REDACTED]
Person Completing Step 3AGPA
Title_____
Signature02 / 23 / 24
Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C

DPP Disability/Accommodation Summary

Friday February 23, 2024 01:11:01 PM

As of: 02/23/2024 ➡

OFFENDER/PLACEMENT

CDC#:

Name:

Facility: SATF-Facility A

Housing A 002

Area/Bed:

Placement Score: 19

Custody Medium (A)

Designation:

Housing Program: Non-Designated Program Facility

Housing Lower/Bottom Bunk Only

Restrictions:

Physical

Limitations to

Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 03/02/2010

DPP Codes: DNH

DPP Determination Date: 01/27/2023

Current MH LOC: CCCMS

Current MH LOC Date: 01/06/2011

SLI Required: No

Interview Date: 01/30/2020

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak
Loudly and Clearly

Non-Formulary

Accommodations/Comments:

Learning Disability:

Initial Reading Level: 12.9

Initial Reading Level Date: 10/14/2011

Durable Medical Equipment: Hearing Aid

Compression

Stocking

Eyeglass Frames

Knee Braces

Therapeutic

Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 03/01/2010

Last Returned

Date:

Release Date: 03/28/2058

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start 10/06/2022

Date:

Status: Full Time

Position #: BAR.002.001

Position Title: A2 BARBER/PORTER

Regular Days Monday through Friday (14:30:00 -

On: 17:00:00)

Monday through Friday (18:00:00 -

22:00:00)

Exhibit 27

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 1/3/2024

Date IAC Received 1824: 1/2/2024

1824 Log Number: 499490

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A2-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Executive Officer A. Banerjee, Chief Medical Executive G. Ugwueze, Chief Psychologist Dr. J. Howard, Health Care Grievance Representative [REDACTED] Custody Appeals Representative [REDACTED] Associate Governmental Program Analyst [REDACTED] Health Program Manager III [REDACTED] Registered Nurse [REDACTED] Field Training Lieutenant [REDACTED], Vice Principal [REDACTED]

Summary of Inmate's 1824 Request: Inmate states inability to hear conversations if front of him due to hearing aids not filtering out background noise; Inmate requests a different type of hearing aids.

Interim Accommodation:

☒ No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate states inability to hear conversations if front of him due to hearing aids not filtering out background noise; Inmate requests a different type of hearing aids.

Response: On 1/3/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating Flame 250 digital hearing aid is the only type of hearing aid available at this time. It is recommended by the Hearing Aid specialist to replace #13 hearing aid batteries every 7-10 days or as needed.

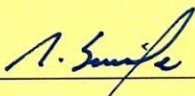
You may utilize a 602HC to address disagreement with treatment provided by California Correctional Health Care Services (CCHCS).

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2, and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee


 Signature

Date sent to inmate:

JAN 30 2024

CSATF OFFICE

JAN 02 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

OF GRIEVANCES

Page 1 of 1

INSTITUTION (Staff use only) SATF	LOG NUMBER (Staff Use Only) 499490	DATE RECEIVED BY STAFF: CSATF OFFICE JAN 02 2023 OF GRIEVANCES
<p align="center">*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</p> <p>DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC</p>		
INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT BAIRB
HOUSING A-2 [REDACTED]		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? HEAR CONVERSATIONS in front of me while using my HEARING AIDS		
WHY CAN'T YOU DO IT? THE CURRENT HEARING AIDS I WAS GIVEN (FIAME 250) DOES NOT PROPERLY FIT THE BACK OF MY HEAD. MOST OF WHAT IS HEARD IS EVERYTHING BUT THE CONVERSATION AT HAND		
WHAT DO YOU NEED? THERE IS A DIFFERENT TYPE OF HEARING AID CURRENTLY AVAILABLE IT IS CALLED REXTON ARENA HP3		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/>		
List and attach documents, if available:		
I understand that [REDACTED] re to cooperate may cause this request to be disapproved.		
INMATE'S SIGNATURE [REDACTED]		DATE SIGNED 12-29-23
Assistance in completing this form was provided by:		
Last Name	First Name	Signature

DRAFT

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 499490

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 1 / 2 / 2024

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED] SSA [REDACTED] 1 / 2 / 2024
 Person Completing Step 1 Title Signature Date Completed

STEP 2 CDCR 1824 INTERVIEWS*Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"*

Date assigned: ____ / ____ / ____ Due back to IAC: ____ / ____ / ____ Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: Forward to healthcare for information on digital hearing aids. In the future, I/M is encouraged to submit a 7362 to seek medical care.

Interviewer (Print Name)

Title

Signature

Date Completed

DRAFT

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: _____

CDCR 1824 Log #: 499490

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

☐ An Interim Accommodation **IS NOT** required.

Reason: _____

☐ An Interim Accommodation **IS required.**

Reason: _____

Accommodation(s) provided:

Date provided:

Comments: _____

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g. the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Tuesday January 02, 2024 12:51:00 PM

As of: 01/02/2024 ➡

OFFENDER/PLACEMENT

CDC#: [REDACTED]

Name: [REDACTED]

Facility: SATF-Facility A

Housing A 002 [REDACTED]

Area/Bed:

Placement Score: 19

Custody Medium (A)

Designation:

Housing Program: Non-Designated Program Facility

Housing Lower/Bottom Bunk Only

Restrictions:

Physical

Limitations to

Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF

DDP Adaptive None

Support Needs:

Current DDP Status Date: 03/02/2010

DPP Codes: DNH

DPP Determination Date: 01/27/2023

Current MH LOC: CCCMS

Current MH LOC Date: 01/06/2011

SLI Required: No

Interview Date: 01/30/2020

Primary Method(s) - Hearing: Hearing Aids

Alternate Method - Hearing: Need Staff to Speak
Loudly and Clearly

Non-Formulary

Accommodations/Comments:

Learning Disability:

Initial Reading Level: 12.9

Initial Reading Level Date: 10/14/2011

Durable Medical Equipment: Hearing Aid

Compression Stocking

Eyeglass Frames

Hearing Impaired

Disability Vest

Knee Braces

Therapeutic

Shoes/Orthotics

Languages Spoken:

IMPORTANT DATES

Date Received: 03/01/2010

Last Returned

Date:

Release Date: 11/27/2057

Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A

Work Group: A1

AM Job Start 10/06/2022

Date:

Status: Full Time

Position #: BAR.002.001

Position Title: A2 BARBER/PORTER

Regular Days Monday through Friday (14:30:00 -

On: 17:00:00)

Monday through Friday (18:00:00 -

22:00:00)

Disability Verification Process (DVP)**Worksheet**

SIDE 1

INMATE'S NAME (Print)

CDCR 1824 LOG NUMBER

499490

CDCR NUMBER

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGSPerson completing worksheet: G. Ugwueze, MDTitle: CME

Type of Review: ☒ Health care review ☐ Mental Health review ☐ Education / learning disability review
☐ Other review: _____

☒ File Review conducted. Documents obtained:

☐ CDCR 1845 dated: ___/___/___ ☐ CDCR 7410 dated: ___/___/___ ☐ CDCR 128-C2: dated: ___/___/___
☐ CDCR 7536 dated: ___/___/___ ☐ CDC 7221-DME dated: ___/___/___
☐ CDCR 128-C3: dated: ___/___/___ ☐ CDCR 7386: dated: ___/___/___ ☐ CDCR 7388: dated: ___/___/___
☐ Other: _____ dated: ___/___/___ ☐ Other: _____ dated: ___/___/___

☐ Recently evaluated for this issue. Date seen: ___/___/___☐ Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: ☒ Yes ☐ No ☐ Unable to Determine

DPP: DNH

Summary of findings: DME: compression stocking, eyeglass, hearing aid, HID vest, knee brace,
therapeutic shoes

Summary of limitations: bottom bunk

Comments: Flame 250 digital hearing aid is the only type of hearing aid available at this time. It is
recommended by the Hearing Aid specialist to replace #13 battery every 7-10 days or as
needed.


 Signature of Subject Matter Expert

01/04/2024
 Date Signed

Exhibit 28

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 3/8/2023

Date IAC Received 1824: 3/3/2023

1824 Log Number: SATF-A-23-00491

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: A2 [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugweze, Doctor [REDACTED], Chief Psychologist A. Myers, Health Care Compliance Analyst [REDACTED], Health Care Compliance Analyst [REDACTED], Registered Nurse [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], ADA Staff Services Analyst [REDACTED], Education Representative [REDACTED], Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate requests over the ear headphones for Viapath tablet.

Interim Accommodation:

☒ No interim accommodation required: You are safely accessing programs, services, and activities.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate requests over the ear headphones for Viapath tablet.

Response: On 3/8/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

Viapath conducted training the week of 12/5/2022 and incorrectly advised inmates to submit an 1824 request for over the ear headphones for tablets. SATF does not currently have over the ear headphones to provide. If SATF receives these items, SATF will develop a plan to disseminate them. You may purchase over the ear headphones through quarterly packages.

Over the ear headphones are available for purchase through approved vendors and or special purchase orders. The headphones must be clear, they may not be solid colors. You can make purchases through approved vendors. To purchase assistive device items through Maxi Aids, you are required to submit a Special Purchase Order form to the ADA Coordinator (ADAC) for approval. You will need to submit a completed form to the ADA office for review. Once the form is approved by the ADAC, you will send your completed form and source of payment to the authorized vendor. To purchase items from other approved vendors, such as Walkenhorst, simply send your completed order form and source of payment to the authorized vendor. Approval from the ADAC is not required. The RAP encourages you to select an assistive device which meets the guidelines set forth in Department Operations Manual (DOM) Authorized Personal Property Schedule (APPS).

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-1 and your concerns will be addressed through the Inmate Grievance Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate:

OSATF OFFICE

MAR 28 2023

OF GRIEVANCES

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) SATF		LOG NUMBER (Staff Use Only) SATF - A-23-00491		DATE RECEIVED BY STAFF MAR 03 2023 ✓	
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC				OF GRIEVANCES	
INMATE'S NAME (Print) [REDACTED]		CDCR NUMBER [REDACTED]		ASSIGNMENT DAY/UNIT A-23-00491	HOUSING A-2- [REDACTED]
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 					
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? I ASKED the GTL REPRESENTATIVE ABOUT the current EAR HEADSETS they STATED they were going to provide for the inmates who wear HEARING AIDS and HE TOLD ME TO PURCHASE the HEADSETS FROM CARTER HASTINGS WILL WORK. I CANT USE the EARBUDS PROVIDED WITH MY HEARING AIDS and I CAN NOT AFFORD to PURCHASE ANY OTHER.					
WHY CAN'T YOU DO IT? the EARBUDS ARE NOT COMPATIBLE WITH HEARING AIDS and I CAN NOT HEAR well enough with them. I do NOT FEEL I SHOULD HAVE TO PAY for A HEADSET THAT IS NOT designed for these TABLETS. WE SHOULD NOT HAVE TO PAY to be ACCOMMODATED.					
WHAT DO YOU NEED? the HEARING IMPAIRED inmates NEED to be given A HEADSET THAT WORKS WITH OUR HEARING AIDS. the general population does NOT HAVE to PAY for their HEADSETS SO WHY DO WE. PLEASE PROVIDE the HEARING IMPAIRED inmates WITH A HEARING AID COMPATIBLE HEADSET.					
(Use the back of this form if more space is needed)					
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Sure <input type="checkbox"/>					
List and attach documents, if available:					
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.					
INMATE'S SIGNATURE [REDACTED]				DATE SIGNED 3-2-23	
Assistance in completing this form was provided by:					
Last Name		First Name		Signature	

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only)	LOG NUMBER (Staff Use Only)	DATE RECEIVED BY STAFF:	
<p align="center">*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</p> <p>DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC</p>			
INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 			
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? <hr/> <hr/> <hr/> <hr/> <hr/>			
WHY CAN'T YOU DO IT? <hr/> <hr/> <hr/> <hr/>			
WHAT DO YOU NEED? <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p align="right"><i>(Use the back of this form if more space is needed)</i></p>			
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: <hr/> <hr/>			
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.			
INMATE'S SIGNATURE <hr/>		DATE SIGNED <hr/>	
Assistance in completing this form was provided by:			
<hr/> Last Name	<hr/> First Name	<hr/> Signature	

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: SATF-A-23-00491

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 03 / 03 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED] CCI
 Person Completing Step 1 Title

[REDACTED] Signature
 Date Completed 03 / 03 / 23

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 03 / 03 / 23 Due back to IAC: 03 / 06 / 23 Returned to IAC: ____ / ____ / ____

Assigned to: _____ Title: _____

Information needed: _____

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: _____ Location: _____

Interviewer notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: VIAPATH CONDUCTED TRAINING THE WEEK OF 12/5/2022 AND INCORRECTLY ADVISED I/M'S TO SUBMIT AN 1824 TO REQUEST OVER THE EAR HEAD PHONES FOR TABLETS. SATF DOES NOT CURRENTLY HAVE THE ITEMS, IF SATF RECEIVES THESE ITEMS, SATF WILL DEVELOP A PLAN TO DISSEMINATE THE ITEMS ACCORDINGLY. I/M CAN ALSO PURCHASE OVER THE EAR HEADPHONES THROUGH QUARTERLY PACKAG

Interviewer (Print Name)

Title

Signature

Date Completed ____ / ____ / ____

IAP / Interview Worksheet

Inmate: [REDACTED] CDCR # [REDACTED] CDCR 1824 Log #: SATF-A-23-00491

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

☐ An Interim Accommodation **IS NOT** required.

Reason: _____

☐ An Interim Accommodation **IS** required.

Reason: _____

Accommodation(s) provided:

Date provided:

____/____/____
 ____/____/____
 ____/____/____

Comments: _____

 Person Completing Step 3

 Title

 Signature

____/____/____
 Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Friday March 03, 2023 01:52:24

As of: 03/03/2023

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]
Name: [REDACTED]
Facility: SATF-Facility A
Housing Area/Bed: A 002 [REDACTED]
Placement Score: 19
Custody Medium (A)
Designation:
Housing Program: Sensitive Needs Yard
Housing Lower/Bottom Bunk Only
Restrictions:
Physical Limitations
to Job/Other:

DISABILITY ASSISTANCE

Current DDP NCF
Status:
DDP Adaptive: None
Support Needs:
Current DDP: 03/02/2010
Status Date:
DPP Codes: DNH
DPP Determination: 01/27/2023
Date:
Current MH LOC: CCCMS
Current MH LOC: 01/06/2011
Date:
SLI Required: No
Interview Date: 01/27/2023
Primary Method: Hearing Aids
Alternate Method: Need Staff to Speak Loudly and Clearly
Learning Disability:
Initial TABE Score: 12.9
Initial TABE Date: 10/14/2011
Durable Medical Hearing Aid
Equipment: Eyeglass Frames
Hearing Impaired Disability Vest
Knee Braces
Therapeutic Shoes/Orthotics
Languages
Spoken:

IMPORTANT DATES

Date Received: 03/01/2010
Last Returned
Date:
Release Date: 12/04/2057
Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: A
Work Group: A1
AM Job Start: 10/06/2022
Date:
Status: Full Time
Position #: BAR.002.001
Position Title: A2 BARBER/PORTER (WHT)
Regular Days On: Monday through Friday (14:30:00 -
17:00:00)
Monday through Friday (18:00:00 -
22:00:00)

Disability Verification Process (DVP)
Worksheet
SIDE 1

INMATE'S NAME (Print):

CDCR 1824 LOG NUMBER
SATF - A

CDCR NUMBER

23-00491

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more Information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet:

Title:

AGPA

Type of Review: ☐ Health care review ☐ Mental Health review ☐ Education / learning disability review
☒ Other review: **HCGO**

☐ File Review conducted. Documents obtained:

☐ CDCR 1845 dated: __/__/__ ☐ CDCR 7410 dated: __/__/__ ☐ CDCR 128-C2: dated: __/__/__
☐ CDCR 7536 dated: __/__/__ ☐ CDC 7221-DME dated: __/__/__ ☐ CDCR 7386: dated: __/__/__
☐ CDCR 128-C3: dated: __/__/__ ☐ CDCR 7386: dated: __/__/__ ☐ CDCR 7386: dated: __/__/__
☐ Other: dated: __/__/__ ☐ Other: dated: __/__/__

☐ Recently evaluated for this issue. Date seen: __/__/__☐ Evaluation (exam/interview) scheduled. Anticipated date to be seen: __/__/__

 Disability indicated: ☒ Yes ☐ No ☐ Unable to Determine DNH
 TABE 12.9

Summary of findings: _____

Summary of limitations: _____

Comments: **GRIEVANCE REGARDING RAP ISSUE**

3/8/2023

Expert

Date Signed

Exhibit 29

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 12/13/2023

Date IAC Received 1824: 12/11/2023

1824 Log Number: 490926

Inmate's Name: [REDACTED]

CDCR # [REDACTED]

Housing: B1- [REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Chief Medical Executive G. Ugwueze, Psychologist Dr. [REDACTED], Health Care Grievance Representative [REDACTED], Custody Appeals Representative [REDACTED], Associate Governmental Program Analyst [REDACTED], Staff Services Analyst [REDACTED], Staff Services Analyst [REDACTED], Education Representative [REDACTED], Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate requests a Personal Sound Amplification Device (PSAD), an iPad with live captioning, and a magnifier.

Interim Accommodation:

☒ Interim Accommodation Provided: You were offered a card magnifier but refused to accept the accommodation. You were also advised of the availability of the full-page magnifier which is available for checkout in your building.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate requests a Personal Sound Amplification Device (PSAD), an iPad with live captioning, and a magnifier.

Response: On 12/13/2023, the RAP met and discussed your 1824, Reasonable Accommodation Request.

On 12/11/2023, you were provided a PSAD by a Field Training Sergeant (FTS). Please be advised, you may request battery exchange on a one for one basis by contacting your FTS. The FTS offered to provide you with a card magnifier, but you refused the accommodation. You were advised of the availability of the full-page magnifier which is available for checkout in your building.

You do not have a severe hearing impairment impacting placement. You are accommodated with hearing aids, pocket talker, and access to the caption phone. Your current Effective Communication (EC) methods of hearing aids and need staff to speak loudly and clearly are sufficient to maintain EC during due process and all general communication. You do not require an iPad or iPhone with live captioning to access PSAs.

Due to its nature, your request was forwarded to Health Care Services for input. Health Care Services provided the RAP with a Disability Verification Process (DVP) Worksheet indicating you recently had a vision evaluation with Optometry on 10/13/2023. Your vision with corrective lenses in the right eye is 20/25 and the left eye is 20/20. You are not designated vision impaired; you do not qualify for an LED magnifier at this time.

You are encouraged to utilize the appropriate avenues to address issues, such as submitting a 7362 to Health Care Services for any medical related requests. If you are dissatisfied or disagree with the treatment being provided by Health Care Services, you may submit a 602HC and your concerns will be addressed through the Health Care Grievance Process. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee

Signature

Date sent to inmate:

JAN 10 2024

INSTITUTION (Staff use only) SIATF	LOG NUMBER (Staff Use Only) 490924	DATE RECEIVED BY STAFF: CSATF OFFICE DEC 11 2023 OF GRIEVANCES
*****TALK TO STAFF IF YOU HAVE AN EMERGENCY***** DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDC 7362 or a CDCR 602-HC		

INMATE'S NAME (Print) [REDACTED]	CDCR NUMBER [REDACTED]	ASSIGNMENT [REDACTED]	HOUSING B-1- [REDACTED]
-------------------------------------	---------------------------	--------------------------	-----------------------------------

INSTRUCTIONS:

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?

WHY CAN'T YOU DO IT?

WHAT DO YOU NEED?

*Magnifier, wanker-Talker, I Pad, Phone Thingie,
stand alone magnifier. Thank yd!!*

_____ (Use the back of this form if more space is needed)

DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY?

Yes ☒ No ☐ Not Sure ☐

List and attach documents, if available:

I understand that [REDACTED] and my failure to cooperate may cause this request to be disapproved.

12-8-23
DATE SIGNED

Assistance in completing this form was provided by:

Last Name

First Name

Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day.
 Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate [REDACTED] CDCR #: [REDACTED] CDCR 1824 Log #: 490926

STEP 1 INTERIM ACCOMMODATION ASSESSMENTDate CDCR 1824 received by IAC: 12 / 11 / 23

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? **Base your assessment solely on the inmate's claim, assuming the claim is true.**

☐ **Yes / Unsure** (Complete Steps 2 &/or 3)

☒ **No** (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED]
 Person Completing Step 1

AGPA

[REDACTED]
 Title

12 / 11 / 23
 Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 12 / 11 / 23Due back to IAC: 12 / 12 / 23Returned to IAC: 12 / 12 / 23Assigned to: FACILITY BTitle: FTS

Information needed: PLEASE ISSUE I/M A POCKET TALKER. PLEASE OFFER I/M A CARD SIZED MAGNIFIER AND ADVISE OF THE AVAILABILITY OF FULL PAGE MAGNIFIER FOR CHECK OUT.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: 12/11/23 1645 Location: B1

Interviewer notes: I/M WAS ISSUED POCKET TALKER. I/M REFUSED CARD MAGNIFIER BUT WAS ADVISED OF FULL SIZE MAGNIFIER.

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Staff Interviewed: _____ Title: _____ Interview date: ____ / ____ / ____

Interviewer Notes: _____

Notes: FORWARD FOR HC FOR INPUT FOR REQUEST OF MAGNIFIER AND VISION RELATED REQUESTS. A REVIEW OF SOMS INDICATES I/M DOES NOT HAVE A DOCUMENTED VISION IMPAIRMENT. ADAC APPROVES ISSUANCE OF POCKET TALKER.

[REDACTED]
 Interviewer (Print Name)

GGT
 Title

[REDACTED]
 Signature

12 / 11 / 23
 Date Completed

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)

[Redacted]
AGPA
12 / 12 / 23

Person Completing Step 3
Title
Signature
Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g, the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- **Reminder.** Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC # [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Monday December 11, 2023 04:10:42 PM

As of: 12/11/2023

**OFFENDER/PLACEMENT**

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility B
 Housing B 001 [REDACTED]
 Area/Bed:
 Placement 19
 Score:
 Custody Medium (A)
 Designation:
 Housing General Population
 Program:
 Housing Ground Floor-No Stairs
 Restrictions: Lower/Bottom Bunk Only
 Physical
 Limitations to
 Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive None
 Support Needs:
 Current DDP Status Date: 12/03/2003
 DPP Codes: DPM, DNH
 DPP Determination Date: 09/01/2023
 Current MH LOC: GP
 Current MH LOC Date: 12/05/2003
 SLI Required: No
 Interview Date: 05/24/2021
 Primary Method(s) - Hearing: Hearing Aids
 Alternate Method - Hearing: Need Staff to Speak Loudly and Clearly
 Non-Formulary Per CDCR 128-B dated 5-24-21, CCI [REDACTED]
 Accommodations/Comments: updated the Effective Communication Chrono.
Knowles's Primary Method: Hearing Aids.
 His Alternative Method: Need Staff to Speak Loudly and Clearly.
 TimeStamp: 24 May 2021 14:05:10 --- User: [REDACTED]

Learning Disability:
 Initial Reading Level: 12.9
 Initial Reading Level Date: 12/10/2003
 Durable Medical Equipment: Hearing Aid
 Ankle Foot Orthoses/Knee Ankle Foot Orthoses (AFO/KAFO)
 Wrist Support Brace
 Compression Stocking
 Canes
 Mobility Impaired Disability Vest
 Eyeglass Frames
 Full Upper Denture
 Hearing Impaired Disability Vest
 Knee Braces
 Partial Lower Denture - Acrylic
 Therapeutic Shoes/Orthotics
 Walkers

Languages Spoken:

IMPORTANT DATES

Date Received: 11/21/2003
 Last Returned Date:
 Release Date: 05/09/2278
 Release Type: Minimum Eligible Parole Date

WORK/VOCATION/PIA

Privilege Group: B
 Work Group: A2
 AM Job Start Date:
 Status:
 Position #:
 Position Title:
 Regular Days On:

**Disability Verification Process (DVP)
Worksheet
SIDE 1**

INMATE'S NAME (Print)

CDCR 1824 LOG NUMBER

490926

CDCR NUMBER

INSTRUCTIONS

- A SME Shall COMPLETE SECTION 1 prior to or during the INITIAL RAP.
- When the RAP needs more information, the ADA Coordinator shall complete Section 2 during the RAP and assign the DVP for Section 3 to be completed (See back of form).

SECTION 1 – SME FINDINGS

Person completing worksheet: G. Ugwueze, MDTitle: CME

Type of Review: ☒ Health care review ☐ Mental Health review ☒ Education / learning disability review
☐ Other review: _____

☒ File Review conducted. Documents obtained:

☐ CDCR 1845 dated: ___/___/___ ☐ CDCR 7410 dated: ___/___/___ ☐ CDCR 128-C2: dated: ___/___/___
☐ CDCR 7536 dated: ___/___/___ ☐ CDC 7221-DME dated: ___/___/___
☐ CDCR 128-C3: dated: ___/___/___ ☐ CDCR 7386: dated: ___/___/___ ☐ CDCR 7388: dated: ___/___/___
☐ Other: _____ dated: ___/___/___ ☐ Other: _____ dated: ___/___/___

☐ Recently evaluated for this issue. Date seen: ___/___/___

☐ Evaluation (exam/interview) scheduled. Anticipated date to be seen: ___/___/___

Disability indicated: ☒ Yes ☐ No ☐ Unable to Determine

DPP: DNH, DPM

Summary of findings: DME: Permanent: AFO/Knee AFO, cane, compression stocking, eyeglasses,
hearing aid, HID vest, knee braces, MID vest, therapeutic shoes, walker, wrist
support brace

Summary of limitations: Bottom Bunk, Ground Floor- No Stairs

Comments: Patient recently had vision evaluation with Optometry on 10/13/23. Patient's vision with
corrective lenses in right eye is 20/25, left eye 20/20. Patient is not a designated vision
impaired; pt does not qualify for an LED magnifier at this time.

Signature of Subject Matter Expert

Date Signed

Exhibit 30

REASONABLE ACCOMMODATION PANEL (RAP) RESPONSE

RAP Meeting Date: 4/10/2024

Date IAC Received 1824: 4/5/2024

1824 Log Number: 543876

Inmate's Name: [REDACTED]

CDCR #: [REDACTED]

Housing: E2-[REDACTED]

RAP Staff Present: ADA Coordinator N. Scaife, Associate Governmental Program Analyst [REDACTED] Psychologist Dr. [REDACTED] Chief Physician and Surgeon W. Kokor, Staff Services Analyst [REDACTED] Registered Nurse [REDACTED] Health Care Grievance Representative [REDACTED] Office of Grievance Representative [REDACTED] Field Training Lieutenant [REDACTED]

Summary of Inmate's 1824 Request: Inmate reports difficulty carrying items; Inmate reports difficulty hearing announcements; Inmate requests a walker bag and personal notifications.

Interim Accommodation:

☒ No interim accommodation required: You are not alleging a disability or requesting an accommodation to access Programs, Services, or Activities (PSA)s.

RAP RESPONSE:

RAP is able to render a final decision on the following: Inmate reports difficulty carrying items; Inmate reports difficulty hearing announcements; Inmate requests a walker bag and personal notifications.

Response: On 4/10/2024, the RAP met and discussed your 1824, Reasonable Accommodation Request.

A review of Strategic Offender Management System (SOMS) indicates you are prescribed a temporary walker for 6 months. However, SATF is currently out of walker bags you have been placed on the waitlist and will receive a bag when stock arrives, and your name is reached on the list. In interim, you may request assistance carrying items from ADA workers.

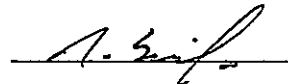
Per the Interim Accommodation Procedure (IAP) worksheet, dated 4/6/2024, you were interviewed and advised to wear your hearing aid to assist hearing announcements on the PA. You were also issued a pocket talker on 4/9/2024 to further assist you.

You are encouraged to utilize the appropriate avenues to address requests or concerns. If you disagree with this determination, you may submit a CDCR 602-2 and your concerns will be addressed through the Inmate Appeal Process.

Direction if dissatisfied: If you disagree with this decision and want to file an appeal/grievance, be sure to attach a copy of this response along with your CDCR 1824 as supporting documents.

N. Scaife

ADA Coordinator/Designee


Signature

Date sent to inmate: APR 24 2024

STATE OF CALIFORNIA
REASONABLE ACCOMMODATION REQUEST
 CDCR 1824 (Rev. 09/17)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Page 1 of 1

INSTITUTION (Staff use only) <i>SAH</i>	LOG NUMBER (Staff Use Only) <i>343874</i>	DATE RECEIVED BY (STAFF): APR 05 2024 OF GRIEVANCES
TALK TO STAFF IF YOU HAVE AN EMERGENCY DO NOT use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.		
INMATE'S NAME (Print) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	CDCR NUMBER <div style="background-color: black; width: 100%; height: 1.2em;"></div>	ASSIGNMENT <div style="background-color: black; width: 100%; height: 1.2em;"></div>
HOUSING <i>B1</i>		
INSTRUCTIONS: <ul style="list-style-type: none"> You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability. You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service or activity. You may also use this form to submit an allegation of disability-based discrimination. Submit this form to the Custody Appeals Office. The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review. The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response. If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision). 		
WHAT CAN'T YOU DO / WHAT IS THE PROBLEM? <i>I have incontinence supplies that I have to KOP and I need to be able to put it somewhere when I leave the unit.</i> <i>I can't hear the PA announcements.</i>		
WHY CAN'T YOU DO IT? <i>I don't have a bag for my walker</i> <i>The PA sounds very muffled and I'm DNR.</i>		
WHAT DO YOU NEED? <i>I need a bag that attaches to my walker</i> <i>I need the C/O to inform me of where I am going via normal voice instead of over the PA.</i>		
(Use the back of this form if more space is needed)		
DO YOU HAVE DOCUMENTS THAT DESCRIBE YOUR DISABILITY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/> List and attach documents, if available: <i>see medical file</i>		
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.		
INMATE'S SIGNATURE <div style="background-color: black; width: 100%; height: 1.2em;"></div>		DATE SIGNED <i>4/3/24</i>
Assistance in completing this form was provided by:		
Last Name	First Name	Signature

Interim Accommodation Procedure (IAP) / Interview Worksheet

Upon receipt of a CDCR 1824, the Institution Appeals Coordinator (IAC) shall complete Step 1 below within 1 working day. Step 2 should be completed whenever the inmate's request is unclear or when additional input from the inmate and/or staff will help the RAP better understand the request.

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 543876

STEP 1 INTERIM ACCOMMODATION ASSESSMENT

Date CDCR 1824 received by IAC: 04 / 05 / 24

Does the inmate raise issues on the CDCR 1824 that may cause the inmate injury or other serious harm while it is being processed? Base your assessment solely on the inmate's claim, assuming the claim is true.

☐ Yes / Unsure (Complete Steps 2 &/or 3)☒ No (None of the issues below are present) [Note: IAC may still obtain information for RAP by completing Step 2]

Issues that may cause the inmate injury or other serious harm include, but are not limited to:

- Falling or the potential for falling.
- Cannot safely access upper bunk.
- Workplace safety concerns.
- Inability to perform essential manual tasks (e.g., access dining hall, carry food tray, shower, use toilet).
- Maintenance, repair, or replacement of health care appliances which involve safety concerns.
- Cannot safely navigate stairs.
- Seizure disorder and is assigned an upper bunk.
- Hearing or vision claims that may jeopardize safety.

[REDACTED]
Person Completing Step 1

AGPA

Title

[REDACTED]
Signature

04 / 05 / 24

Date Completed

STEP 2 CDCR 1824 INTERVIEWS

Note: Be sure to complete Step 3 when Step 1 was "Yes/Unsure"

Date assigned: 04 / 05 / 24

Due back to IAC: 04 / 06 / 24

Returned to IAC: 04 / 06 / 24

Assigned to: FACILITY E

Title: FTS

Information needed: PLEASE ADVISE I/M SATF IS OUT OF STOCK OF WALKER BAGS; I/M HAS BEEN PLACED ON WAITING LIST. PLEASE ADVISE I/M OF THE AVAILABILITY OF POCKET TALKERS AND DETERMINE IF THIS WOULD BETTER ACCOMMODATE THE I/M.

Note 1: Attach a DECS printout listing inmate's current status (including DPP codes, DDP codes, TABE score, etc.)

Note 2: IAC and/or RAP may assign to self and obtain information either telephonically or in person.

Inmate Interview Date/Time: 4/6/24 11:50 Location: E1 Dayroom

Interviewer notes: Spoke to I/M about Walker bags advised him he would receive one as soon as they came in. Also I/M was not wearing hearing aid and I advised him to wear it. He said he only has a problem hearing announcements on PA. and he can't.

Staff Interviewed: [REDACTED] Title: Sgt Interview date: 04 / 06 / 24

Interviewer Notes: Hear when officer in control. Booth opens the window and starts to him. I spoke to officer 5 and advised them to open his door and speak to him without P.A.

Staff Interviewed: [REDACTED] Title: [REDACTED] Interview date: [REDACTED] / [REDACTED] / [REDACTED]

Interviewer Notes: A REVIEW OF SOMS INDICATES I/M IS PRESCRIBED A TEMP WALKER FOR 6 MONTHS. HOWEVER, SATF IS CURRENTLY OUT OF STOCK OF WHEELCHAIR/WALKER BAGS. I/M HAS BEEN PLACED ON THE WAITING LIST AND WILL RECEIVE A BAG WHEN STOCK ARRIVES. IN INTERIM, I/M MAY REQUEST ASSISTANCE CARRYING ITEMS FROM ADA WORKERS

Notes: I/M IS DESIGNATED DNH, HEARING IMPAIRED NOT IMPACTING PLACEMENT, WITH NEEDS STAFF TO SPEAK LOUDLY AND CLEARLY AS PRIMARY EC. I/M IS PRESCRIBED HEARING AIDS. I/M IS ENCOURAGED TO UTILIZE HEARING AIDS.

I/M was issued a pocket talker on 4/9/24

[REDACTED]
Interviewer (Print Name)[REDACTED]
Title[REDACTED]
Signature4 / 5 / 24
Date Completed

IAP / Interview Worksheet

Inmate: [REDACTED]

CDCR #: [REDACTED]

CDCR 1824 Log #: 543876

Step 3: DECISION REGARDING WHETHER AN INTERIM ACCOMMODATION IS NECESSARY (See Note below)☐ An Interim Accommodation **IS NOT required.**

Reason: _____

☐ An Interim Accommodation **IS required.**

Reason: _____

Accommodation(s) provided: _____

Date provided: _____

_____	____/____/____
_____	____/____/____
_____	____/____/____

Comments: _____

[REDACTED]

AGPA

04 / 05 / 24

Person Completing Step 3

Title

Signature

Date Completed

Note: When information is unable to prove or disprove a claim, consider an interim accommodation as a precautionary measure.

IAP processing instructions for the Appeals Coordinator


- Step 1 must always be completed prior to the initial RAP.
- Step 2 should be completed whenever the inmate's request is unclear, or when additional input from the inmate and/or staff will help the RAP better understand the request.
- If Step 1 is "Yes/Unsure," proceed to Steps 2 and/or 3. The interviews conducted in Step 2 will help with the decision in Step 3. Step 3 documents the decision. When the IAC is not able to complete steps 2 & 3 prior to the RAP (e.g., the request was received the day before the RAP) steps 2 and 3 may be completed during the RAP or shortly thereafter. Under no circumstances shall a decision regarding the need for an IAP exceed 5 working days.
- Consult with the ADA Coordinator when unsure which box to check in Step 1.
- Maintain ongoing communication with the ADA Coordinator regarding the interim accommodation process.

Step 2 Interviewer Instructions

- Your task is to obtain additional information that will assist the Reasonable Accommodation Panel (RAP) better understand issues raised by an inmate on a CDCR 1824, Reasonable Accommodation Request Form.
- Take a moment to read the CDCR 1824 and then review the information being requested in Step 2. If you need clarification, contact the Appeals Office or the ADA Coordinator.
- Interview the inmate who filed the CDCR 1824 and/or staff who may have knowledge about the inmate's request.
- Inmates often have difficulty expressing themselves in writing. Your interview notes should try to clarify what the problem is, and what the inmate wants (e.g., cane, lower bunk, shower chair, job modification, etc.).
- Reminder. Be sure to return this form to the Inmate Appeals Coordinator by the due date listed in Step 2.

Name: [REDACTED]

CDC #: [REDACTED] PID #: [REDACTED]

CHSS035C **DPP Disability/Accommodation Summary** Friday April 05, 2024 12:46:19 PMAs of: 04/05/2024 **OFFENDER/PLACEMENT**

CDC#: [REDACTED]
 Name: [REDACTED]
 Facility: SATF-Facility E
 Housing E 001 [REDACTED]
 Area/Bed:
 Placement 19
 Score:
 Custody Unclassified
 Designation:
 Housing Non-Designated Program Facility
 Program:
 Housing Lower/Bottom Bunk Only
 Restrictions:
 Physical
 Limitations to
 Job/Other:

DISABILITY ASSISTANCE

Current DDP Status: NCF
 DDP Adaptive: None
 Support Needs:
 Current DDP Status Date: 04/19/2017
 DPP Codes: DNH
 DPP Determination Date: 01/11/2024
 Current MH LOC: CCCMS
 Current MH LOC Date: 06/26/2017
 SLI Required: No
 Interview Date: 01/19/2024
 Primary Method(s) - Hearing: Need Staff to Speak Loudly and Clearly
 Alternate Method - Hearing: Reads Lips
 Non-Formulary
 Accommodations/Comments:
 Learning Disability:
 Initial Reading Level: 12.0
 Initial Reading Level Date: 01/30/2024
 Durable Medical Equipment: Hearing Aid
 Canes
 Eyeglass Frames
 Hearing / Mobility
 Impaired Disability
 Vest
 Incontinence
 Supplies
 Other (Include in Comments)
 Walkers
 Languages Spoken:

IMPORTANT DATES

Date Received: 12/13/2023
 Last Returned Date:
 Release Date: 06/27/2026
 Release Type: Earliest Possible Release Date

WORK/VOCATION/PIA

Privilege Group: U
 Work Group: U
 AM Job Start Date:
 Status:
 Position #:
 Position Title:
 Regular Days On: